Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TACO BELL NO. 23373 Address 900 LAFOLLETTE CENTER NORTH, FLOYDS KNOBS Owner C & M SMITH RESTAURANTS, INC.						Telephone Number (812) 923-1680 (812) 945-9810 Purpose X Routine	Date of Inspection 03/29/2022 Follow Up	ID# Released 03/08/2022	
Owner's Address 5140 CHARLESTOWN RD., STE. 4 NEW ALBANY, IN 47150- Person in Charge KASEY POPE Responsible Person's Email RS023373@TACOBELL.COM Certified Food Handler ASHLEY STEVENS						Follow-upComplaintPre-OperationalTemporaryHACCPOther (list)	Menu Type 1 2 _X 3 4 5		
			AND NARRATIVE COLUMN NS ARE DENOTED IN THE		' AND IN THE I	VARRAIVE COLUMN MARKED AS "R"			
Section #	# C NC R Narrative						To Be Corrected		
392 433	X X	X	Observed dumps Observed mop in	ster lid open. n mop sink not hung	g to dry.		Today Today		
Summary of V Received by (n	iolations ame and title pri			2 R <u>1</u>		Inspected by (name and title	printed):		
						Thomas Snider CFS			
Received by (signature):]	Inspected by (signature):	pected by (signature):		
cc:				cc:			ce:		